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Bib Data Sheet

SERIAL NUMBER 09/348,566	FILING DATE 07/07/1999  RULE	CLASS 705	GROUP ART UNIT 3625	ATTORNEY DOCKET NO. WD2-98-120
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/337,906 06/22/1999 PAT 6,754,636  
 which is a CIP of 08/889,503 07/08/1997 PAT 6,249,772  
 and is a CIP of 08/889,319 07/08/1997 PAT 6,085,169  
 and is a CIP of 09/190,744 11/12/1998 ABN ✓  
 which is a CON of 08/707,660 09/04/1996 PAT 5,794,207  
 and is a CON of 09/083,345 05/22/1998 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 08/03/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY CT	SHEETS  DRAWING 37	TOTAL  CLAIMS 102	INDEPENDENT  CLAIMS 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Jay Walker</i> Initials <i>JZ</i>				

## ADDRESS

✓  
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## TITLE

✓  
 SETTLEMENT SYSTEMS AND METHODS WHEREIN A BUYER TAKES POSSESSION AT A RETAILER OF A  
 PRODUCT PURCHASED USING A COMMUNICATION NETWORK

<p>FILING FEE</p> <p>RECEIVED</p> <p>2803</p>	<p>FEES: Authority has been given in Paper          No. _____ to charge/credit DEPOSIT ACCOUNT          No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>All Fees</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	All Fees	<input type="checkbox"/>	1.16 Fees ( Filing )	<input type="checkbox"/>	1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/>	1.18 Fees ( Issue )	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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